



GARAGE – AUTO DEALER, SERVICE AND REPAIR APPLICATION

Date: _____

General Agency: _____

Retail Agency: _____

Agent Name: _____

Agent Name: _____

Phone Number: _____

Phone Number: _____

Applicant's Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Business Trade Name: _____

Business Legal Entity: Individual Partnership Limited Liability Corporation Corporation

Requested Effective Date: _____ Years in Business: _____ Years of Experience: _____

Locations where you conduct Garage Operations: _____ Is your business mobile in nature? Yes No

Loc#	Address	City	County	State	Zip Code
1.					
2.					
3.					

Insurance History:

Mark box if no prior insurance

Prior Carrier	Effective Date	Expiration Date	Policy Premium

Loss Information: If needed attach additional losses and details on a separate page.

Mark box if no prior losses

Date of Loss	Details of Loss	Amount Paid	Amount Reserved

1. Has your insurance been cancelled or non-renewed within the past three years? Yes No (n/a in MO)2. Do you have or maintain animals on your premises? Yes NoIf yes, please list type and breed: _____ Are they: Pets or Security ?3. Do you have or maintain firearms on your premises? Yes No4. Do you participate in any ride share programs? Yes No If yes, please explain _____

5. List your total annual gross receipts from: Auto sales \$ _____ Auto Service/Repair \$ _____

Retail product sales \$ _____ Uninstalled part sales \$ _____ Any other operations \$ _____

6. What are your hours of operation? _____

